

Receipt  
PATENT



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re: application of: John T. Chapman

Attorney Docket No.: CISC221

Application No.: 09/894,958

Examiner: UNASSIGNED

Filed: June 27, 2001

Group: 2661

Title: PACKET FIBER NODE

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, Washington, DC 20231 on December 20, 2001.

Signed: \_\_\_\_\_

Leslie Russell

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
**Office of Initial Patent Examination**  
Customer Service Center  
Washington, DC 20231

**RECEIVED**

FEB 08 2002

**Technology Center 2600**

Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Please delete the Domestic Priority Data "THIS APPLN CLAIMS BENEFIT OF 60/159,085, 10/13/99"

Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 500388 (Order No. CISC221).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP

Dean E. Wolf  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/894,958	06/27/2001	2661	1134	CISCP221	10	30	4

**CONFIRMATION NO. 6248**

022434  
BEYER WEAVER & THOMAS LLP  
P.O. BOX 778  
BERKELEY, CA 94704-0778

**UPDATED FILING RECEIPT**



\*OC00000007184145\*

Date Mailed: 12/12/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

John T. Chapman, Cupertino, CA;

**Assignment For Published Patent Application**

Cisco Technology Inc.;

**Domestic Priority data as claimed by applicant**

~~THIS APPLN CLAIMS BENEFIT OF 60/159,085 10/13/1999~~

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**Foreign Applications**

If Required, Foreign Filing License Granted 08/17/2001

**Projected Publication Date:** Request for Non-Publication Acknowledged

**Non-Publication Request:** Yes

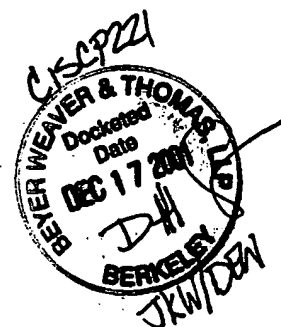
**Early Publication Request:** No

**Title**

Packet fiber node

**Preliminary Class**

370



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

**CONFIRMATION NO. 6248**

<b>SERIAL NUMBER</b> 09/894,958	<b>FILING DATE</b> 06/27/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> CISCP221	
<b>APPLICANTS</b> John T. Chapman, Cupertino, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/17/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 022434					
<b>TITLE</b> Packet fiber node					
<b>FILING FEE RECEIVED</b> 1134	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		